



National  
Aeronautics and  
Space  
Administration

# Property Survey Report

SURVEY REPORT NUMBER

VOUCHER NUMBER

## I - BASIC DATA (To be completed by individual user last having possession of equipment or property)

1. USER NAME/TITLE		2. ORG/MAIL CODE/INSTALLATION	
3. E-MAIL ADDRESS	3A. TELEPHONE	3B. FAX	4. DATE OF DISCOVERY

## 5. IDENTIFICATION OF EQUIPMENT OR PROPERTY (ITEMS)

a. NEMS TAG EQUIPMENT CONTROL NO./ NATIONAL STOCK NUMBER	b. FULL DESCRIPTION (Model number, serial number. Attach NF 1602 for equipment items.)	c. QTY	d. VALUE (As shown on NF 1602), or ESTIMATED, ACQUISITION DOCUMENT

## 6. EQUIPMENT OR PROPERTY LISTED WAS (Check appropriate box(s))

☐ LOST ☐ DAMAGED ☐ DESTROYED ☐ BELIEVED STOLEN DATE SECURITY NOTIFIED: \_\_\_\_\_

7. STATEMENT OF CIRCUMSTANCES: Give a detailed explanation of the circumstances about the missing property. Including, but not limited to, the following: If custody of the item was with another party; The name(s) of the individual(s) who had access to the item; What security and control procedures were in-place to control the item; An explanation of the search conducted to date; The details of inquiries made in an attempt to locate the item; and Who saw the item last, and when. (Continue on separate sheets if necessary.)

8. USER SIGNATURE	9. DATE OF REPORT (Within 30 days of discovery)
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## II - REVIEW DATA (To be completed by the Division Director or equivalent/Chief of person identified in Block 8 above)

1. ACTION RECOMMENDED TO PREVENT RECURRENCE OF INCIDENT ALSO STATE ANY CORRECTIVE ACTIONS THAT ARE TO BE IMPLEMENTED. (Continue on separate sheets if necessary.)

2. NAME/TITLE	ORG/MAIL CODE	TELEPHONE NO	3. SIGNATURE	4. DATE
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SENSITIVE ITEM <input type="checkbox"/> YES <input type="checkbox"/> NO		RESULTS/DATE OF INVENTORY: _____ <input type="checkbox"/> TRIENNIAL <input type="checkbox"/> SENSITIVE	PROPERTY CUSTODIAN NAME/MAIL CODE/ORG/E-MAIL ADDRESS
PROPERTY CUSTODIAN ACCOUNT NUMBER		PROPERTY CUSTODIAN (SIGNATURE)	<input type="checkbox"/> 1602'S OBTAINED

1. INCIDENT INVESTIGATED BY (Check appropriate box)

<input type="checkbox"/> PROPERTY SURVEY OFFICER	<input type="checkbox"/> PROPERTY SURVEY BOARD	<input type="checkbox"/> SECURITY OFFICER
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☐ DISCIPLINED PURSUANT TO NASA PROCEDURES

NAME		SIGNATURE	DATE
MEMBER(CHAIR):			
MEMBER:			
MEMBER:			
MEMBER:			
MEMBER:			
SECURITY:			
PROPERTY SURVEY OFFICER:			

ORIGINAL - SURVEY REPORT FILE	COPY TO - RESPONSIBLE DIVISION DIRECTOR/CHIEF/SECURITY
COPY TO - RESPONSIBLE INDIVIDUAL	COPY TO - EQUIPMENT FILE/PROPERTY CUSTODIAN